## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/542134

| CLAIMS AS FILED - PART I  |   |                                  |  |   |                     |                                      |                     | SMALL ENTITY TYPE |                        |            | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|---|----------------------------------|--|---|---------------------|--------------------------------------|---------------------|-------------------|------------------------|------------|-------------------------------|------------------------|
|   |   | (Column 1)                       |  | (Column 2)                                  |                     | 7                                    |                     |                   | 7                      | SHALL      |                               |                        |
| U.S. NATIONAL STAGE FEES  |   |                                  |  |   |                     | <del></del>                          | _                   | RATE              | FEE                    |            | RATE                          | FEE                    |
| BASIC FEE   |   |                                  | SMALL ENT. = \$ 150  |   | LARGE ENT. = \$ 300 |                                      |                     | BASIC FEE         |                        | OR         | BASIC FEE                     | 300                    |
| EXAMINATION FEE   |   |                                  | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                     |   |                     | ther situations =<br>100 / \$ 200    |                     | EXAM. FEE         |                        |            | EXAM. FEE                     | 200                    |
| SEARCH FEE  |   |                                  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |   |                     | ther situations =<br>\$ 250 / \$ 500 |                     | SEARCH FEE        |                        |            | SEARCH FEE                    | 500                    |
| FEE FOR EXTRA SPEC. PGS.  |   |                                  | minus 100 =  |   |                     | / 50 =                               |                     | X \$ 125 =        |                        |            | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS   |   |                                  | 20 minus 20 =  |   | •                   | -                                    |                     | X \$ 25 =         |                        | OR         | X \$ 50 =                     |                        |
| INDEPENDENT CLAIMS  |   |                                  |  |   | . —                 | 2                                    |                     | X \$ 100 =        |                        | OR         | X \$ 200 =                    | 480                    |
| MUL   | TIPLE DEPEN   | DENT CLAIM PRE                   | ESENT  |   |                     |                                      |                     | + \$ 180 =        |                        | OR         | + \$ 360 =                    | 0 1                    |
| A If  | DE.   | in column 1 is i                 | ess than zero,   | enter "C                                    | " in co             | olumn 2                              | _ '                 | TOTAL             |                        | OR         | TOTAL                         | 400                    |
| 7.10  | 7-12-5<br>1054234 CLAIMS AS AMENDED - PART II<br>(Column 1) (Column 2) (Column 3) |                                  |  |   |                     |                                      |                     | SMALL E           | NTITY                  | OR         | OTHER<br>SMALL E              |                        |
| AMENDMENTA  | CLAIMS REMAINING AFTER AMENDMENT  |                                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F  |   | BER                 | PRESENT<br>EXTRA                     |                     | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | · 20                             | Minus  | •• Z  | Ó                   | = —                                  |                     | X \$ 25 =         |                        | OR         | X \$ 50 =                     |                        |
|   | independent   | • 5                              | Minus  | *** <u>'</u> 2                              | 3                   | - 2                                  |                     | X \$ 100 =        |                        | OR         | X \$ 200 =                    | 201.W                  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                    |                                  |  |   |                     |                                      |                     | + \$ 180 =        |                        | OR         | + \$ 360 =                    |                        |
|   | •   | -                                |  | TOTAL ADDIT.<br>FEE                         | <i>.</i>            | OR                                   | TOTAL ADDIT.<br>FEE |                   |                        |            |                               |                        |
|   | •   | (Column 1)                       |  |   |                     |                                      | ok pd               | ) . <b> </b>      |                        |            |                               |                        |
| 2   | ·   | CLAIMS REMAINING AFTER AMENDMENT |  | (Colum<br>HIGHE<br>NUME<br>PREVIO<br>PAID F | ST<br>IER<br>USLY   | PRESENT EXTRA                        |                     | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •                                | Minus  | ••  |                     | =                                    | ] [                 | X \$ 25 =         |                        | OR         | X \$ 50 =                     |                        |
|   | Independent   | •.                               | Minus  | ***   |                     | =                                    |                     | X \$ 100 =        |                        | OR         | X \$ 200 =                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                    |                                  |  |   |                     |                                      | + \$ 180 =          |                   | OR                     | + \$ 360 = |                               |                        |
| * If the entity in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                  |  |   |                     |                                      |                     |                   |                        |            |                               |                        |
| •   | The "Highest Num  | ber Previously Paid i            | For" (Total or Indep   | pendent) is                                 | the high            | est number found                     | d in the            | appropriate box   | in column 1.           |            |                               |                        |